

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

DOMINIQUE LUCAS  
#0860656

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

OFFICER ADIBOLO, OFFICER  
ALEYNE-GOODEN, SGT.  
ARNDT, SGT. RABIDEAU,  
SGT. McDANIEL, OFFICER  
TROTTER, SGT. McCORMICK

RECEIVED  
SDNY PRO SE OFFICE  
2016 OCT 11 AM 10:46

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

16CV7934

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name DOMINIQUE LUCAS  
 ID # 0860656  
 Current Institution BEDFORD HILLS CORRECTIONAL FACILITY  
 Address 347 HAROLD RD; BEDFORD HILLS, NY 10507

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Officer ADIBOLO Shield # \_\_\_\_\_  
 Where Currently Employed BEDFORD HILLS C.F.  
 Address 347 HAROLD RD.  
BEDFORD HILLS, NY 10507

Defendant No. 2

Name OFFICER ALEYNE-GOODEN

Shield # \_\_\_\_\_

Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RDBEDFORD HILLS, NY 10507

Defendant No. 3

Name SGT. ARNDT

Shield # \_\_\_\_\_

Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RD.BEDFORD HILLS, NY 10507

Defendant No. 4

Name SGT. RABIDEAU

Shield # \_\_\_\_\_

Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RD.BEDFORD HILLS, NY 10507

Defendant No. 5

Name SGT. McDANIEL

Shield # \_\_\_\_\_

Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RD.BEDFORD HILLS, NY 10507

DEFENDANT NO. 6 OFFICER TROTTER  
 DEFENDANT NO. 7 SGT. McCORMICK > Same As Above

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

BEDFORD HILLS CORRECTIONAL FACILITY

B. Where in the institution did the events giving rise to your claim(s) occur?

113/MESSHALL TUNNEL, AND THE  
 ICP Room OFF OF 113 LOBBY

C. What date and approximate time did the events giving rise to your claim(s) occur?

JUNE 18, 2015 ; APPROXIMATELY 10:15-10:30pm

D. Facts: I WAS BEING ESCORTED BACK FROM KEEPLINE RECREATION BY C.O. ADIBOLO WHEN HE GOT IN FRONT OF ME AND PUNCHED ME IN MY FACE. BLOOD BEGAN DRIPPING FROM MY NOSE. HE PUNCHED ME IN MY MOUTH AND THAT CAUSED ME TO BLEED FROM MY MOUTH. OFFICERS ALEYNE-GOODEN, SGT. VERSIDEAU, SGT. MCCARTY, SGT. McDANIEL, SGT. ARNDT, AND C.O. TROTTER ALL CAME TO THE SCENE, AND THREW ME TO THE GROUND WHERE THEY WERE STOMPING ME AND KICKING IN MY BACK, HEAD, FACE AND BODY. THEY PUT A BAG OVER MY FACE, SHACKLES ON MY ANKLES THAT WERE SO TIGHT IT CUT OFF MY CIRCULATION & MADE MY ANKLES RAW. THEY STOOD ME UP AND MADE ME WALK WITH SHACKLES ON & THE BAG OVER MY FACE TO A ROOM OFF OF 113 LOBBY, KNOWN AS THE "TCP" Room. THERE, THEY GRABBED MY HEAD (THE BAG & MY HAIR) AND SMASHED MY FACE INTO THE DOOR FRAME, SO MY TEETH SHATTERED. I WAS POURING BLOOD FROM MY MOUTH & MY TEETH WERE IN THE BAG. AT THAT POINT, SGT. McDANIEL WAS THERE BECAUSE I HAD SEEN HIS FACE BEFORE THEY PUT THE BAG ON ME.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

MY TWO FRONT TEETH WERE SHATTERED. TEMPORARY CAPS WERE INSERTED, BUT THEY BOTH BROKE THE NEXT DAY, AND WERE NEVER REPLACED. I HAD A SPRAINED LEFT WRIST (X-RAYS ARE ON FILE AT MACEY).

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

BEDFORD HILLS CORRECTIONAL FACILITY

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)? ASSAULT

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

BEDFORD HILLS & MARCY

1. Which claim(s) in this complaint did you grieve? ASSAULT

2. What was the result, if any? AFTER THE ASSAULT, I WAS SENT TO

MARCY (CENTRAL NY PSYCHIATRIC CENTER), WHERE I REMAINED FOR 4 MONTHS.  
WHEN I RETURNED, GRIEVANCE SUPERVISOR BROWN TOLD ME I COULD NOT FILE A  
GRIEVANCE WHILE OUTSIDE OF THE FACILITY.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I ATTEMPTED TO FILE A GRIEVANCE AT BEDFORD  
WHEN I CAME BACK, BUT MR. BROWN TOLD ME  
IT WAS TOO LATE, AND I COULD NOT FILE IT. I HAVE  
A COPY OF THE GRIEVANCE I FILED. I SHOULD NOT BE  
PUNISHED FOR BEING AT MARCY, WHERE I WAS TOLD I

F. If you did not file a grievance: COULDNT FILE THE GRIEVANCE

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

EXPLAINED ABOVE

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: I FILED A TOE CLAIM, BUT IT WAS DENIED. I SPOKE TO CPT. P. ARTOZ, WHO REVIEWEDVIDEOTAPE OF THE INCIDENT, RELEASED ME FROM SHU, AND DISMISSED MY MISBEHAVIOR REPORT.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I CONTACTED PRISONERS LEGAL SERVICES AND THE INSPECTOR GENERALS (IG) OFFICE. IG REVIEWED THE TAPE AND TOLD ME THEY WERE INVESTIGATING IT, BUT NO ONE HAS BEEN FIRED FOR ASSAULTING me. PLS TOLD ME THAT CENTRAL OFFICE HAS A COPY OF THE VIDEO.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

AN ORDER THAT DEFENDANTS VIOLATED MY 8TH AMENDMENT RIGHTS.

PLAINTIFF REQUESTS TEN MILLION DOLLARS IN COMPENSATORY DAMAGES. FOR PHYSICAL INJURIES TO MY TEETH AND LEFT ARM, PLUS MENTAL ANGUISH IN ADDITION TO MY MENTAL ILLNESSES.

VI. Previous lawsuits:

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Dominique Lucas  
 Defendants STATE OF NEW YORK

2. Court (if federal court, name the district; if state court, name the county) COURT OF CLAIMS

3. Docket or Index number 0882000 126537

4. Name of Judge assigned to your case ELLEN FAZZONE

5. Approximate date of filing lawsuit AUGUST 2015 (APPROV)

6. Is the case still pending? Yes ✓ No APRIL 12, 2016

If NO, give the approximate date of disposition AUGUST 2016

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) DISMISSED

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ✓ No       

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff       

Defendants       

2. Court (if federal court, name the district; if state court, name the county)       

3. Docket or Index number       

4. Name of Judge assigned to your case       

5. Approximate date of filing lawsuit       

6. Is the case still pending? Yes        No       

If NO, give the approximate date of disposition       

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)       

Dominique Lucas  
 DOMINIQUE LUCAS

Facility #0860656; 113D-19  
P.O. Box 1000  
Bedford Hills, NY  
Lucas, D. 10507

1-78  
Chgce. 6.00

BEDFORD HILLS  
CORRECTIONAL  
FACILITY

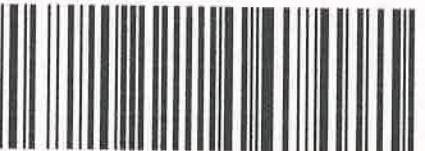
NEOPOST  
10/04/2016  
US POSTAGE \$001.78<sup>0</sup>



ZIP 10507  
041M11272300

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7008 1830 0002 4692 1146

USM<sub>P3</sub>  
SDNY

Bob L  
10/4/16  
30

Clerk of Court  
U.S. Courthouse  
500 Pearl Street  
New York, NY  
10007-1312

2016 OCT 11 AM 10:47  
SDNY PRO SE OFFICE  
RECEIVED

Legal Mail

BEDFORD HILLS  
CORRECTIONAL  
FACILITY

NEOPOST  
10/04/2016  
US POSTAGE \$006.00<sup>0</sup>

ZIP 10507  
041M11272300